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GUN-SHOT WOUNDS IN THE PHILADELPHIA RIOTS.

[THE Transactions of the College of Physicians of Philadelphia, just received, contains an Annual Report on Surgery, read to the College by Dr. Parrish, from which we take the following.]

In a review of the events of the past year that bear upon the progress of surgery, we may be excused for selecting, as the chief topic for a report, the subjects of the accidents growing out of the late tumults, which have so fearfully agitated this community. Happily, opportunities for American surgeons to add anything to the already accumulated experience upon the department of our science known as Military Surgery, are rare. We live in an age and in a country distinguished by the reign of peace; and if the general tranquillity has been occasionally disturbed by popular commotions, they have generally subsided or been suppressed without a resort to arms.

It has been reserved for this fair city, once pre-eminent for the prevalence of good order, to furnish the most memorable example of a riotous outbreak which occurs in our country's annals; an outbreak attended with bloodshed, and with the loss of human life.

Aside from the contemplation of this dark page in our history, which, as republicans and Christians, we, in common with our fellow citizens generally, most sincerely deplore, it becomes our profession calmly to look back upon the scene of desolation through which we have passed, and to view it in its relations to the cause of science, and to questions affecting human life. Such a review, although it may elicit nothing new or extraordinary, cannot be without interest; and we shall therefore proceed to notice such cases, growing out of the riots, as we have been able to collect, without, of course, attempting a full account of the whole affair.

[A table, furnished by Dr. Logan, a resident physician in the Pennsylvania Hospital, exhibiting the names, ages, wounds, &c., of 14 patients admitted to the Hospital during the riots, is here omitted, the most important facts being stated in the remarks which follow.]

The total number of persons killed during the riots of Kensington and Southwark, amount to 17; 9 in the former and 8 in the latter. Of these, the larger number died on the ground, or before medical aid could reach them. Of those who survived the first shock of their injuries, or were not mortally wounded, 14 were conveyed to the Pennsyl-

vania Hospital, and received the prompt aid of the surgeons of that institution.

It will be seen, by the foregoing table, that of the 14 cases reported, 7 died. The larger number were admitted on the evening of the 7th of July, during the battle between the mob and the soldiery which occurred in Southwark; and from the contiguity of the Hospital to the scene of action, but little time elapsed before they were placed under surgical treatment. In several of the cases seen by your reporter, where the wounds were mortal, the patients were tormented with that intense and insatiable thirst which occurs in some forms of low fever, and in very prostrate conditions of the system, and which is noticed as amongst the most horrible torments on the field of battle; together with vomiting, and extreme jactitation and restlessness. In two of the cases, death occurred without re-action, while in several others, the patients lingered in a hopeless condition for several days. It was also remarked that the wounds by slugs were more severe and dangerous than those by balls—the slug being irregular in shape, and producing more extensive lacerations of the parts with which it comes in contact.

Of the particular cases mentioned in the table, we would briefly refer to several, as presenting points of unusual interest. First—the case of Joseph Cox was remarkable from the fact, that a ball should have traversed the lower portion of the abdomen without inflicting injury upon any of the viscera; and that the patient should have lived fifteen days with a ball lying in the cavity of the pelvis. It would seem probable that had the ball found an exit from the right side, without injuring any of the vessels, this patient would have recovered, notwithstanding its passage through the abdomen.

Both of the cases in which the cavity of the chest was penetrated, terminated fatally. In the case of Saunders, the ball was extracted, after having probably passed through the left lung, judging from the direction which it took, although no *post-mortem* examination was permitted; this patient died on the second day after admission.

In the other case, the wound was made by a slug, which was not removed, and the patient died on the fifth day after admission. It may be remarked that gun-shot wounds of the thorax, in which the ball passes through one of the lungs and comes out on the opposite side, or even where it lodges in the cavity, are by no means *invariably* fatal. Many cases are on record of recovery after such accidents; and Dr. Godon, an intelligent surgeon recently attached to the United States Navy, informs me that several such recoveries fell under his personal observation while on a recent visit to Vera Cruz, and that the surgeons of that country state such results to be by no means uncommon. It is attributed by the South American surgeons to the remarkable salubrity of the atmosphere which prevails in that climate, and to the good constitutions of those who meet with these accidents.

It will be seen that but one case occurred requiring amputation, and that this was successful.

The urgent necessity for immediate amputation after the establishment

of re-action, in all cases of severe gun-shot wounds of the limbs, attended with comminuted fracture of the bones, especially where joints are involved, is warmly advocated by the most authoritative writers on military surgery. In the case of Crawford, there was a comminuted fracture of the neck and head of the humerus, requiring amputation at the shoulder-joint. The operation was performed by Dr. Norris about two hours after his admission, and fifteen hours after the reception of the injury. The result was as stated, and the patient was discharged, cured, on the 20th of August.

In the case of William Manning, the ball (musket) passed through the right thigh without fracturing the bone, entered the left, and made a comminuted fracture of the os femoris. The ball was completely flattened against the bone, being afterwards extracted. An attempt was made to save the limb, contrary to the generally-received doctrine in such cases. The result is particularly interesting, as forming an exception to a general rule. All agree that gun-shot fractures of the thigh are attended with great danger, and are, in the larger proportion of cases, fatal; and that the necessity for immediate amputation is imperative. On this point, the following strong remark is made by Guthrie:—"Upon a review of the many cases which I have seen, I do not believe that more than one sixth recovered, so as to have useful limbs; two-thirds of the whole died either with or without amputation, and the limbs of the remaining sixth were not only nearly useless, but a cause of much uneasiness to them for the remainder of their lives." This opinion is confirmed by Hennen, who asserts that, without having made any accurate calculations, he is strongly inclined to assume Mr. Guthrie's estimate as correct; "even including the cases of officers, who are not subjected to the risks encountered in crowded hospitals; in these situations, says he, the cases which I have witnessed have, on some occasions, been deplorable. Not a single case has done well where amputation was deferred, and even where it was performed, two out of three have died. In other instances, the losses have not been so severe; but I have never known a larger proportion saved than that assigned by Mr. Guthrie."—(*Principles*, 3d Ed., p. 110, London.) The testimony of the French army surgeons tends to the same conclusion. Baron Percy states that scarcely two in ten of such cases recover. Ribes, who has never seen a single cure, gives ten examples, which, despite every possible attention, proved fatal. Dupuytren, when giving the result of his long experience in compound fracture, says—"On one point my opinion is unchangeable—on rejecting amputation in them, particularly when produced by gun-shot wounds, more lives are lost than limbs saved."

Notwithstanding these eminent authorities, the surgeons of the Hospital determined to make an effort to save Manning's limb. His youth, temperate habits, and good constitution, were all in his favor, and rendered the case more hopeful than usual. The result appears likely to meet their most sanguine anticipations, and, should he recover with a good limb, his case will furnish an important addition to our experience on this interesting subject. The result is perhaps mainly attributable to his youth, as it is found

that nearly all the cases of recovery after compound fracture of the thigh, whether produced by ordinary accidents or by fire-arms, are in persons under age.

The following case, in private practice, mentioned by Dr. Condie, exhibits a curious instance of the circuitous route occasionally taken by balls, without inflicting serious injury.

A person (W. A., residing in Southwark) led by curiosity to visit the scene of the riots in Kensington, whilst in the vicinity of the firing by the mob, received a musket ball in his left hip. He immediately fell, and was at once conveyed home by his friends. Dr. Condie was sent for, the messenger informing him on the road that Mr. A. had been shot through the body. On arriving at the residence of the wounded man, the doctor was surprised to find neither in the countenance, pulse, or temperature of the patient's surface, anything to indicate that he had just received so serious an injury. On examination, he found, directly over the great trochanter of the left femoris, a wound indicating the place of entrance of a ball, and on the left side, between the great trochanter and the anterior superior spinous process of the ilium, another wound where the ball had made its exit. The patient was able to rise up, and support himself in the sitting posture without any difficulty or pain; and on being requested, stood on his feet and walked some steps, with no other inconvenience than arose from a sense of constraint or stiffness at the hip-joints; a feeling, as he expressed it, as though he was encompassed there with an iron band. The simplest dressings were applied, and a dose of Dover's powder administered to the patient. He rested well that night, and on the ensuing morning the nature of the injury he had received was rendered very evident by a broad red streak, extending from the two wounds round the back. The ball had passed, beneath the integuments, from its place of entrance on the left side, across the posterior part of the body, to the right side, where it made its exit. The wounds were healed, and the patient was entirely well within three weeks from the date of his accident.

TOPOGRAPHICAL REPORT OF BALASORE, INDIA.

[Concluded from page 352.]

THE most prevalent diseases are remittent and intermittent fever, rheumatism, diarrhoea, dysentery, cholera, elephantiasis, lepra, scabies, ring-worm and hictalopia. Remittent fever is that to which Europeans are mostly subject; some severe cases have occurred within the last twelve months without any apparent cause: the subjects were, however, without a single exception, all new arrivals at the station, and in two or three cases just from England. The prevalence of this fever may, also, in some measure, be attributed to the excessive dryness and heat of the season: the quantity of rain that fell was much less than in former years and not sufficient for the crops; the consequence was, that the numerous

large tanks in the neighborhood were partly, or entirely, emptied to irrigate the lands, leaving a rank vegetation to die and rot. There are also an innumerable number of small tanks about the station, which generally become dry within two or three months of the termination of the rains; they are choked with aquatic plants, and become a source of bad water and noisome smells. I think there can be little doubt that these add to the insalubrity of the place, and from their drying up so early are of very little use. The magistrate has given orders that such as are useless are to be filled up. The low swamps, also, between the station and the sea, over which the south and south-east wind constantly blows in the hot season, were more completely dried up than in most years, and the unpleasant miasm arising from them was at times particularly offensive.

The natives did not suffer much from the remittent form of fever, but the intermittent type was very frequent. The former is in general ushered in with most severe symptoms, great arterial action, violent headache, and oppression at the præcordia, followed by early prostration of strength. During the exacerbation the most prompt treatment is necessary. Bleeding, leeching, calomel and antimonials, are principally to be relied on, with quinine, during the intervals, to prevent a return of the paroxysm, should the cerebral symptoms or heat of skin not forbid its use. Diarrhœa and dysentery are at all times more or less prevalent; when diarrhœa occurs in old, emaciated subjects, it is very difficult to restrain, and often assumes a chronic form; the sulphate of copper, with opium, frequently succeeds in arresting it when other remedies fail. In dysentery I have found ipecacuanha, combined with gentian, as recommended by the late Dr. Twining, of great service; this, with a light diet, is in most cases sufficient to effect a cure.

Cholera rages at times with great violence. March and April are the months in which it is most prevalent, particularly if the hot weather suddenly sets in without north-westers to cool the air; the nights are then cold, and the days extremely hot. The natives are in the habit of steeping boiled rice in cold water, and allowing it to stand until the liquor becomes quite acid; this they take early in the morning without any other food; the bowels become relaxed, and repeatedly have I traced cholera to the above cause. The number of deaths in the town, some seasons, averages from 25 to 30 daily, and this for several days together. The natives are mostly subject to the low form of cholera with cramps, restlessness, anxiety, great thirst, parched tongue, coldness and early collapse.

The treatment varies so much, according to the constitution of the patient and stage of the disease, that it is impossible to lay down any general plan of treatment that will be applicable in all cases; the different symptoms must be combated with as they arise: when collapse to any extent has taken place, ammonia is chiefly to be depended on. The greatest care is necessary when the patient is improving, that he does not get more than a cup of sago once in two or three hours; if left to himself he not unfrequently eats immoderately of boiled rice, and produces a return of all the worst symptoms, from which he rarely recovers.

Elephantiasis is very common; both sexes are subject to it, more so

those who are engaged in agricultural and fishing pursuits; it affects the scrotum, upper and lower extremities, generally the latter, and one leg oftener than both. It commences about puberty with attacks of fever which last two or three days and return every new and full moon, when the leg or part affected becomes very painful and tumid; it increases in size with each attack of fever, and frequently becomes enormously large. After some years, varying from fifteen to twenty-five, the febrile attacks become less frequent, and less severe, returning but once in four or six months, and then lasting only twelve or eighteen hours; in this state the greatest inconvenience arises from the size of the limb; the patient enjoys comparatively good health and lives to the usual age. The disease is certainly not contagious, neither do I think it hereditary. I have never seen a cure take place after the affection has continued for any length of time; the natives have not sufficient patience or perseverance to follow any plan of treatment that does not afford quick and decided benefit.

Disease of the liver is not often met with amongst the natives, but from the frequency of fever, enlargement and chronic disease of the spleen is very common; the marks of the cautery, which is had recourse to, to cure it, is perceived on the sides of most natives. No native ever comes into the district without getting two or three attacks of fever in the first twelve months (even supposing he comes from a more unhealthy place); after this period they become habituated to the climate, and suffer less frequently.

The disease called *hakra*, is also very common, and is attended with great febrile excitement; the severe symptoms last two or three days, when the patient invariably recovers. Fever is not generally a fatal disease amongst the natives: dysentery and cholera, however, make up for any deficiency in this respect. Almost all the lower class suffer from cutaneous affections, ringworm, or itch, caused by their dirty habits; many of them put on a *kummerbund* or wrapper which they never think of removing until it falls off, literally worn out; they are not very particular, either, in their ablutions. The convicts are often annoyed with abscesses in the legs, most frequently occasioned by the iron fetters they wear. They seldom prove serious or difficult to heal, except in old debilitated subjects during the rainy season, when they are very tedious and require powerful applications, a generous diet, and tonics. Smallpox, and ophthalmia, occasionally appear as epidemics, the latter in January, February and March, when the nights are cold, damp and foggy. Vaccination has, I regret to say, made but little progress in the district; this is partly owing to the extreme ignorance and stubbornness of the natives and the prejudices against it. The tickadars or inoculators find it advantageous to decry it as much as possible, and this will continue the case until they are either put down by government, or their operations diverted from inoculation to vaccination. They commence inoculating in December or January, and make a good livelihood of it, exacting, according to the circumstances of the parents, from two annas to two rupees for each child. The tickadars are all Hindus of high caste; they collect the virus on cotton wool and make the punctures with a needle over which it is rubbed, having pre-

viously been moistened with a little water. Smallpox seldom rages with much violence or is very fatal, in consequence of almost every child being inoculated as soon as it is considered old enough; few persons are marked or have traces of this disease. I have repeatedly offered to pay parents if they would bring their children to me to be vaccinated, but the answer I generally get is, that I "make no poojah, therefore how can my plan possibly succeed."

The natives treat all diseases on the antiphlogistic plan; they take little medicine, and trust principally to prayers and incantations. The hukeems or native doctors have no particular methods of treatment or mode of operation: their medicines are all divided into "hot or cold," one or other of which suits every complaint. The natives in this district are not by any means a long-lived race. It is a rare thing to see a person 60 years of age; they are an effeminate and a sickly set of beings. The palankeen bearers, for which this part of the country is notorious, are almost the only stout, hard-working people. Men marry at 15 and 16, women at 12 and 13; children may be said to swarm here, as they do in most towns and villages. It is rather curious, however, that scarcely any are met with between the ages of 6 and 12. Nearly all were destroyed (either starved or drowned) in the gales.

The jail is a pukha building, situated on one of the highest spots about Balasore. It is divided into spacious and lofty rooms, allowing, when full, 18 square feet for each prisoner. The hospital is a large room, raised on the second floor, very airy, and sufficiently capacious for the number of sick ever admitted; adjoining it is a small room used for a dowai-khanah. The whole building is surrounded by a wall 11 feet high, at a distance of 100 feet from the jail; this excludes the air in a great measure and prevents a free circulation, but notwithstanding this, the prisoners are at all times tolerably healthy, fat and happy; the daily average number of sick is about eight per cent., and the monthly deaths, except when cholera prevails, less than one per cent.

The sick are allowed charpoys for sleeping on, and are well provided with blankets; a prisoner is appointed to cook their food and render any assistance required. The daily allowance of food is three quarters of a seer of rice, with fish, dhal, or vegetables; this is of course curtailed in sickness, or, if necessary, milk or meat substituted for the above; the expense of feeding each prisoner is three pice per diem. A sweeper is always in attendance to keep the apartments clean; and the dead are buried at a distance from the jail. A large and deep well in the centre of the enclosure affords an ample supply of excellent water.

I should have said above, that about two-thirds of the convicts are placed under the executive officer and employed on the roads at a distance from the station; they are supplied with tents, and remain out for eight months in the year: during the rains they all return to the station and work on the roads about Balasore. They do not suffer more from sickness than those who are constantly employed at the station, and housed in the jail.

Wild animals, of the following kinds, are pretty numerous in all the

jungles—elephants, confined to the Mohurbunge territory ; tigers, leopards, bears, hogs, buffaloes, elk, deer, antelope, mouse deer, wild cats, porcupine, manies, monkeys, jackals and foxes. The number of elephants has very much decreased within the last eight or ten years ; they are destroyed by the Mohurbunge Rajah with some mineral poison that speedily takes effect ; it is mixed up with rice in balls, and scattered about in places frequented by the elephants ; it is not generally known what this poison is. A request from the governor general was made direct to the Rajah, three or four years since, to ascertain what it was, but without being able to obtain the requested information,—the Rajah would not divulge the secret.

Hogs are shot and hunted by the lowest class of Hindus for their flesh ; large numbers also are taken in nets set in the paths they frequent ; occasionally a tiger finds himself entrapped in one of them ; the largest I ever saw was caught in this way in a net barely large enough for him to creep into. Buffaloes are very numerous everywhere ; they go in herds and destroy large quantities of paddy ; if one is killed, the head is sent to the magistrate, who pays two rupees : government allows also five rupees for every tiger destroyed.

Alligators are found in every river and all the large tanks ; persons are frequently carried off by them whilst bathing. A species of lizard, called "gosamp," is very common ; the largest are four or five feet in length.

Snakes are numerous. There are, I believe, several kinds found here that have never been described by any author. I sent one a short time since to my friend Dr. Cantor, that had hitherto been overlooked. Previous to the inundations, enormous snakes were found in the jungles near the sea ; the skeleton of one measuring nearly 30 feet was discovered quite perfect.

The domestic animals are much on a par with the natives, a diminutive, miserable race. The bullocks are small, and appear half-starved, which is, I believe, pretty nearly the case ; except for a few months in the year, they get no grain, and are driven out every morning to graze in charge of boys, returning at sunset often as hungry as they go out ; in the dry season a small quantity of rice straw is allowed them to eat at night. No care whatever is taken to prevent the breed from degenerating, which I have no doubt might be improved by good feeding, and crossing them with a larger and stronger race. Very little work can of course be got out of such wretched animals. They are galled, abused and starved, frequently having their tails broken and nearly twisted off, to make them work.

A very fatal disease, called "mahta" or "gote," prevails as an epidemic amongst the cattle once in two or three years ; it proves exceedingly destructive ; of those attacked not one in five recovers, and not unfrequently a whole herd is carried off. It occurs but once in the same bullock. I have never known it prevail when smallpox was present ; but on one occasion it preceded the breaking out of cholera.

Fowls are very subject to an eruptive disease, which is confined principally to the head, and causes blindness ; it is very infectious, and unless

they are separated as soon as the disease shows itself, the chances are they are all seized, and nearly all die.

Horses are liable to inflammatory attacks in the bowels, for which active remedies are required to save them. Dogs thrive well here, and are easily reared. Hydrophobia rarely occurs. There is at every village a market (hath) held once or twice a week; all the neighborhood assemble to purchase and sell. The farmer brings his grain, and the artist the produce of his labors; merchants buy for retail and exportation. Sheds are generally erected, where the different goods are exposed for sale. All appears bustle and confusion. The natives never seem so much on the alert as they do on these occasions—endeavoring to make as good a bargain as they possibly can. The scene is one of life and animation. Rupees, pice and cowries are the usual currency; a rupee is equivalent to more than 10,000 of the latter; owing to the scarcity of pice, the batta demanded is very high, and falls heavily on the poor; gold is never met with.

EXTIRPATION IN OVARIAN DROPSY.

[*DR. ASHWELL*, of Guy's Hospital, who has lately published a treatise on the Diseases peculiar to Women, speaks as follows of the operation for removing ovarian tumors, concerning which, both for and against it, so much has lately been written.]

These considerations, (says the author, after mentioning cases in which the disease has remained stationary for years), are entitled to great weight, when determining the propriety of extirpation, uncalled for by present and great evils; or where the operation from the enthusiastic views of its patrons is urgently recommended as a preventive of mischiefs which they deem, but not always on good grounds, to be prospectively inevitable. To operate, where the patient strongly desires it, from a conviction that her sufferings and the frequent repetitions of paracentesis, will otherwise prove speedily fatal, may not involve any distressing responsibility, especially where the condition of the tumor leads to the supposition, that the case is pathologically a favorable one. But there are examples selected for operation far different from this. Take, for instance, a case which occurred to me a few months ago. A lady travelled to town from a considerable distance, anxious to have extirpation performed. On inquiry, I found that she was 62 years of age, had never been tapped, although ovarian dropsy had existed for more than half her life. There was scarcely any suffering beyond weight and pressure, although the tumor was of immense size and partly solid. In such a case it would have been highly culpable to have operated; and yet a surgeon, over zealous about the removal of ovaries, had induced the firm belief that it ought to be done. I need scarcely add that the patient, after being made acquainted with the great danger of the operation, was perfectly satisfied to remain as she was. Nor will the practitioner be less perplexed and distressed by such a case as the following, which occurred within my obser-

vation not long since—a young woman, under 22, had ovarian dropsy : her countenance bespeaking excellent health, and her history confirming the impression. Without interference, many years might have been added to her existence ; and as one of the fortunate incidents of life, it might have so happened that the tumor should cease to grow. But unhappily she was convinced that extirpation was proper ; the operation was most ably performed, and in a few days she died. These certainly are not the cases in which removal ought to be practised. If the operation is to become established, of which I have the strongest doubt, it must be confined to examples of the malady where tapping has been already so often performed as to preclude, from the experience of similar cases, any idea that it can ever be dispensed with ; and where, we are confident, that great suffering must lead to early death. Perhaps this may be regarded as too limited a view of the value of extirpation, but it is, I think, the correct one. In such cases, if the diagnosis excludes the belief that there are serious adhesions, or malignant or solid growths complicating the tumor, and if the patient strongly desires it, the operation is defensible. In all other examples it can only rest on the patient's own views of her future prospects, and on a calculation of chances. She might live several years and without much suffering ; but she may die in a few years after great suffering ; she determines, therefore, being courageous, and probably strongly urged by her surgeon, to run the risk of immediate death for the hope of immediate and radical cure. Whether she has done wisely to submit to such a hazard, a successful operation can scarcely prove ; that she has happily secured her safety, through imminent peril, such an operation does prove. Lithotomy, operations for hernia, and for securing large arteries, rest on different grounds. That they are essential to the patient's life, is a full justification of their performance ; for in all, even if not dangerous at the moment, it is certainly known that life will soon be destroyed, either by fever, gangrene, or loss of blood. Such, it has been proved, has not been the case in many of the fatal operations lately performed for extermination of ovarian encysted tumors. It does not appear that statistics more favorable even than we have any right to expect, will materially change the aspect of the circumstances under which the operation is to be performed. It most probably will, from the impossibility of determining the real character and adhesions of the growth, ever remain an eminently uncertain operation. The extirpation, we are assured, by the operators themselves, in a fit case, is far from difficult ; would that it were more so, for then it would not readily be undertaken ! If it required as much surgical knowledge and skill to make these large and brilliant abdominal incisions as to tie the subclavian artery or to perform a trying operation of lithotomy, the lives of many women would have been already spared, and fewer would be sacrificed for the future. What would be thought of the feasibility of any other operation involving life in the most imminent hazard, if we discovered that out of 67 cases where it had been attempted, it was *from absolute error of diagnosis, incapable of completion* in 18 ; that of the remaining 49 patients, where the extirpation was effected, 16 died, and 2 were not cured ; so

that out of the whole number, 67, the operation failed in 36, and succeeded in 31, less than one half. Such results are distressing, especially when we hear of no greater doubt expressed about the operation itself, but only higher confidence in its value, and greater laudation of the operators. We willingly concede presence of mind and ability to many of the extirpators of ovarian cysts; but we are unable to discover (for the later operations have been quite as unsuccessful from unfitness of the cases as the earlier ones), that any advance has been made in diagnosis. Nor when the tumors themselves are examined after death, when the malignancy of many of them is recognized, and their firm, almost indivisible adhesions, and their immovable masses of new and morbid substance are brought to view; it is next to impossible to entertain any sanguine hope, that our means of diagnosis can ever be much improved.

ON THE TREATMENT OF NEURALGIA, WITH CASES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—The facts presented in the following communication are collected from my own practice, the cases alluded to having all come under my own observation. Should they appear of sufficient worth, I am willing that you should lay them before your readers.

Much has been written on that affection of the nerves which we term neuralgia. Both its pathology and treatment have been the themes of many ingenious essays, the authors of which have come to as many different conclusions as there have been individuals engaged in the inquiry. Some have told us that the disease is idiopathic; others that it depended upon some functional or organic derangement of the brain, or some other organ; and others that it depended upon some preternatural growth of bone about the head; while many have conjectured that neuralgia is produced by a chronic inflammation of the membranous envelope of the nerves. This last supposition appears to me to be the most rational explanation of the complaint, when it is idiopathic; yet other causes than inflammation of the neurilema must frequently be sought for, or a cure can never be accomplished; for doubtless these writers have each seen cases justifying these different opinions respecting the pathology of neuralgia. Consequently bloodletting, purgatives, emetics, tonics, narcotics, blisters, antimony and arsenic, have all been adapted to certain cases, and each plan has been successful. Hence, physicians who have been fortunate with one method or *medicine*, have thought their plans suited to every individual, and have told us they had found a "specific." Now nothing is more absurd than this notion of invariably curing a disorder with one remedy, or one kind of remedies; it is truly absurd, at this day, to bring forward the "*doctrine of specifics*," for nobody cares about such remedies, except the quack and homœopathist. Of these, the first has his nostrum, which he advertises as an infallible remedy for *tic douloureux*; the latter tells you to take a globule of aconite, "and you shall be healed."

It is evident that the disorder—whether it shows itself as *n. facialis*, *n. pollicis*, *n. mammæ*, *n. pedis*, *sciatica*, or *hemicrania*—in whatever form it occurs—must be treated upon the general principles of medicine; that is, no two individuals are to be treated alike, because their disorders are neuralgia; the *cause* must first be ascertained, and the patient administered to accordingly. As, when there is plethora, the antiphlogistic course should be pursued; when there is debility, after putting the patient in a suitable condition, give the carbonate of iron or other tonics; or if the disease rests on irritability, nervines and narcotics will do good, with other means, such as counter-irritation, &c. &c.

To show how very *differently* patients have been *successfully* treated, the following cases are given.

A gentleman, who previously had gonorrhœa, consulted me under the apprehension that the “disease had relapsed,” for he thought himself well for some time, till new symptoms disturbed him. He was inquired of whether he had lately had sexual intercourse. This had been the case; but after learning his symptoms I told him the woman was not impure, or if she was, she had not infected him; for his complaint bore no analogy to gonorrhœa, *it was neuralgia*. He complained of an obtuse pain in the lumbar region, exercise making it worse; of a sense of numbness extending down the inside of his legs; nausea; acute pain shooting through the abdominal muscles; drawing up of the testicles; a constant desire to void urine, which was discharged in small quantity, with high color. Ten grains of the *pil. hydr.* was given every other day for six days, and afterwards nine grains of the following pill was as often employed. *R. Ext. coloc. comp., pulv. gamb., sapon veneti., āā gr. xij. M. Ft. pil. xvij.* Large doses of camphor were given three times a day. Diluent drinks were freely taken, and a spare diet enjoined. He was soon better, when the cathartic medicine was discontinued, a better diet allowed, and he was recommended to take the infusions of wild cherry and gentian three times a day. *R. Cort. pruni Virgini. contus., ʒj.; rad. genti. concis., ʒss.; sem. cardam., ʒij; carb. sod., ʒj.; aqu. ferment., Oj. Ft. infusio.* Dose, a wine-glassful. The camphor was taken fifteen days—afterwards he took no medicines except the vegetable infusions; these he continued till he said he felt perfectly well. It is now nearly a year since the time first mentioned, and he has never been troubled with any of these symptoms. This was a case of neuralgia—the pain was in the nerves that originate from the lumbar and sacral regions of the spine.

I attended a young man during the winter of 1843–44, who suffered extremely from *sciatica*; for three months he was growing worse, when I ascertained excessive venery had induced the complaint, and after he was no longer able to obtain the society of his favorites, he indulged in a more disgusting manner, which brought him to the verge of the grave. It was in this low state that he made his full confession; and was frightened into reformation. I prevailed upon him to abstain from his habits, and without much medicine he was gradually restored to his usual good health.

I have lately attended a feeble woman who has suffered much from

neuralgia. Medicine did not appear to do much good, and I advised her not to have connection with her husband for two months. Her health is rapidly improving, and for six weeks she has taken nothing but the vegetable infusion above mentioned and mild laxatives.

I have known several cases of *tic douloureux* cured by extracting carious teeth; and I have known one cured by scarifying or cutting the gum in the vicinity of the last grinder, or *dens sapientiæ* as it is usually styled. This person was seized with *tic douloureux* soon after miscarriage. I attributed it to debility. I expected, when she got her strength again, the pain would leave her. At length I examined her teeth (which were all sound) and found one of the last grinders of the lower jaw pressing hard against the gum, a piece of which, the size of the crown of the tooth, was removed; after twenty-four hours, she had no more pain.

A lady, about 25 years of age, fell and injured her spine. She was bled and treated otherwise as her case required. Some time after she was attacked with *tic douloureux* and *sciatica*. Every plan of treatment was resorted to without benefit; and at the end of six months she was worse than ever. Four drops of croton oil were made into eight pills mixed in bread; of which, she took two a day. She recovered in a few weeks. She did not take the pills so often after amelioration was manifest; during the last two weeks she took only four. The medicine had no cathartic action; the bowels moved generally once a day. It operated here as a counter-irritant; irritating the stomach and bowels, which favored other parts, till health was established. It would not be admissible in many cases.

Counter-irritating remedies, externally applied, are valuable adjuncts in treating neuralgia. I have used the tartar emetic plaster for this purpose. Where we wish to excite a large surface moderately, the tartar emetic ointment will be found serviceable. *R. Tart. ant., 3 ij.; axungi. porci., 3 j. Mix.* In idiopathic neuralgia, exciting an eruption if possible over the affected nerves will be highly useful. The following is a neat and very sure means of doing it. *R. Tart. ant., 3 jss.; muriat. hyd., gr. vi.; aqu. distill., 3 j.; aqu. cinnamoni, 3 j.* Dissolve the salts in the water, then add the cinnamon. If there are no febrile symptoms, the extract of hemlock and the carb. of iron are excellent remedies. *R. Ext. conii, carb. ferri, aa grs. xxx. M. Ft. pil. xx.* Give from four to twenty a day. Patients enduring severe neuralgic pain, require large doses of the narcotics to render their situation tolerable.

In hemicrania, narcotics and sedatives are indicated generally. *R. Tart. ant., gr. ij.; sulph. morph., gr. j. M. Ft. pil. viii.* Give a pill every three or four hours. This quiets the pains, renders the pulse soft and less irritable, and acts powerfully as a diaphoretic. I think large doses of opium in the form of Dover's powder very useful in *sciatica*; some cathartic medicine should be administered sufficiently often to prevent constipation.

I remains yours, very respectfully,

Lime Rock, R. I, May 20th, 1845.

J. P. LEONARD.

MORBID THIRST.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My communications for your Journal, bearing upon the great subject of temperance, have not only been continually misunderstood, but have also led to some very natural and useful inquiries from medical men in various parts of the country. Among these is a letter from Woonsocket Falls, under date of March 25, concerning the effects of abstinence from drinks on the urinary organs. It seems to me the shortest and best way to answer these inquiries through your Journal.

And, *first*, as to thirst and drinking. People drink, 1, to wash down their food; 2, from mere habit; 3, for the pleasure of drinking; 4, to remove thirst, either natural or morbid; 5, to cool themselves; 6, to warm themselves; and, 7, from principle.

Now, I hold it to be wrong to drink to warm ourselves, to wash down our food, or from mere habit. The other four occasions of drinking seem to me legitimate.

God has kindly allotted man more pleasure than the lower animals, even sensual pleasure; and when the pleasure of drinking can be had without ulterior injury, it is right to drink for mere pleasure.

Again, whatever may have been the occasion of our *thirst*, if that thirst actually exists, it not only *may*, but *should* be gratified.

Again, it is lawful to drink, in some cases, to cool ourselves.

Finally, we may drink from principle.

These statements need qualification. When we drink to cool ourselves, or for any other purpose, however lawful, it should be borne in mind that none of these objects is best accomplished by large quantities rapidly poured down, but the contrary. Indeed, large quantities are usually unsafe. In the case of drinking to cool ourselves, the quantity should be very small indeed, and very slowly swallowed.

The common notion that we need drink to supply the waste induced by a profuse perspiration, is erroneous. A profuse perspiration is often kept up, if not induced, by profuse drinking; and is a serious evil. It is a gentle but steady perspiration which we most need, and which best cools us; and not a *profuse* one.

Now I have no need of drink to wash down my food; for I have another way of washing it down, viz., by a healthy and free secretion of saliva. I do not need to drink to warm myself, because I rely on other sources of internal heat. Thirst, I have none; and therefore need no drink to quench thirst, natural or morbid. The *habit* of drinking I have long since overcome. I do not drink to cool myself, because I so far obey the laws of God that I am seldom too hot. But I do indulge myself in drinking for the pleasure of drinking, as well as from principle.

As to the pleasure of drinking, I allow myself to drink at four or five o'clock in the afternoon, when my meals during the day have been regular, and when my health is good; and also on going to bed, three or four hours after my third meal. I also indulge myself in drinking when I rise in the morning, an hour or two before breakfast.

Then, as it is a principle with me that pleasure is naturally an element in everything we do which is right, I herein combine the two things. That is, *I make it a principle to gratify myself in this way.* Nay, I believe it to be as useful to wash out the alimentary canal—so to speak—once or twice a day, as it is to wash the whole surface of the body with pure water daily.

I have said that I have no thirst. This, as a general fact, is true. It is so when I obey the laws of health and “keep my body in subjection” to God’s laws, as well as my spirit. It is only when I greatly transgress, that I am thirsty.

Still I drink for reasons above mentioned, except on occasions—such as those which have been detailed in former Nos. of your Journal. I can drink, or I can let it alone. But, then, it must be remembered that I take no *medicine** with my food, or otherwise, as has been repeatedly stated on former occasions; that I use much succulent (not liquid) food; and that I do not ordinarily fret much, or deny myself due sleep. A person of this description—one whose food is coarse bread, fruits, rice, potatoes, &c., and who eats freely (not gluttonously) and regularly—will not be apt to have thirst; or to have any considerable irregularity of his secretions or excretions, even if he does not formally drink.†

And it was to show mankind this important truth that I made the two experiments. If they will eat right and obey all physical and moral law, they will not have much thirst, and may drink, formally, or neglect it, as they please. Nevertheless I think it will, on the whole, add to their happiness—as I think it does to my own—to drink occasionally, at the distance of three or four hours from their meals; especially on going to rest and on rising in the morning.

WM. A. ALCOTT.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 4, 1845.

State Medical Society.—Those who participated in the exercises, festivities and pleasant greetings of the members on Wednesday last, must have been highly gratified. Dr. Walker’s discourse received the hearty and spontaneous approval of the whole audience. It was rather an unusual affair in the history of this quiet body of professional gentlemen, to hear three successive audible expressions of satisfaction. The fact was, Dr. Walker exhibited a thorough familiarity with the old and modern surgical authorities, and so clearly proved that authors of the last century were truly men of profound attainments, whose opinions should be revered, and their counsel listened to with respect, when great pathological principles were at stake, that the assembly looked as though each one in-

* By medicine I mean not only medicine, properly so called, but all sorts of condiments.

† There was no perceptible change in this particular during my experiments. I have already mentioned that I had not, at that time, anything like a profuse perspiration. All was gentle and uniform, as it ever should be.

tended, on his return home, to re-study the splendid, but neglected works of Pott, Wiseman, Hunter, Benjamin Bell, &c., as well as others of equal celebrity and age, belonging to France. The address mainly related to the treatment of compound fractures, with critical observations on the proper time for amputating, when an absolute necessity exists for the operation. It is a pity that it could not go out to the reading world instant, as it might were the manuscript at our disposal; but it must go into the regular hopper, to be ground out with other accompaniments, so that by the time it is ready for distribution, one half its good odor will have evaporated.

About four hundred physicians dined together on this anniversary. Fewer strangers were present than usual. Many excellent things were said at the table, but we were unfortunately too remote from the chair for a stenographic chronicler.

On Thursday, the new Council, which does not differ essentially from the last season, met at the Masonic Temple at 10 in the morning. Jacob Bigelow, M.D., of Boston, was re-elected President, and Edward Flint, M.D., of Leicester, Vice President. J. C. Dalton, M.D., of Lowell, was chosen orator for 1846.

Penitentiary Practice.—When noticing the sixth Annual Report of the Eastern Pennsylvania Penitentiary, some weeks ago, we intended to return to it again for the purpose of commenting upon the physician's portion of the report. Dr. Given has been connected with the institution long enough to learn the ingenious deceptions of the prisoners, and being, therefore, always on the alert, appears to conduct his official duties in a very satisfactory manner. We are gratified to discover that Dr. G. admits that a full stomach is one of the readiest means of taming savage fellows who inhabit prisons. He says "the convicts are eager for the largest rations. During the heat of summer, there has been some restriction in the daily allowance of meat and soup." No guage will compare with one's appetite, and we should rather trust to the language of the stomach, in its normal state, than the opinion of a medical board. Whenever prisoners are allowed as much wholesome food as they crave, the police of the institution is easily maintained, and sudden paroxysms of anger or stubbornness of disposition are rarely manifested. All the prisons of Massachusetts are conducted on a liberal scale in respect to the dietary, both on account of its humanity and economy. Dr. Given appears to entertain right views on this point, though he does not particularly express them.

The practice of exposing all the bedding to the sun and air, daily, and requiring, positively, one hour's exercise, at least, out of the cell, adopted at this prison, evinces a praiseworthy care for the personal comfort of the convict. Since it is the theory of the law to restore criminals to society, their health is certainly in the keeping of the State, to a certain extent, and the Commonwealth is morally accountable to the tribunal of heaven for any violation of the trust committed to it. Fortunately for the age, civilization and christianity, which invariably travel hand in hand, have softened down the penal code, and we begin to see the good results of humane treatment. If crimes are not lessened, those who commit them are oftener restored to the world, morally better, than they formerly were. The late Rev. Sidney Smith's philosophy is the only true system: it is better

to invite a political enemy to dine with you, than to increase his wrath by defiance. So it is with violators of the law; if they are scourged, cropped, chained, and nearly starved, their hatred is roused, and vengeance is the predominant passion which they seek an opportunity to gratify; but show kindness and sympathy, and a demon may be disarmed, melted down with contrition, and perhaps brought to a sense of his degradation, and finally saved.

Whoever accepts the appointment of medical adviser to a penitentiary, must realize that an enormous weight of responsibility rests upon him. If he fails to discriminate between true and feigned diseases, or makes the sad mistake of deciding against a maniac when he should decide in his favor, the community will show him no mercy in their criticisms upon his judgment. It is therefore the safest, and certainly the most prudent course, to be guided by a spirit of kindness.

Dr. Given has introduced one excellent custom, conducive alike to the health as well as cleanliness of the prisoners, which might be copied with advantage by other similar institutions. It is the weekly use of the warm bath.

Monroe Co. (N. Y.) Medical Society—Homœopathic Practitioners.—At the annual meeting of this Society, on the 14th ult., Dr. E. M. Armstrong being in the chair, the following resolutions were passed:

"Whereas, by a law recently passed by the Legislature of this State, all persons, whether licensed or not, are authorized to practise medicine and collect their fees, it is no longer necessary for homœopaths or other irregular practitioners, to continue members of this Society; therefore,

"*Resolved*, That such be, and hereby are, requested to withdraw their names from the list of members of the Monroe County Medical Society.

No notice of this having been taken by Dr. Taylor, it was, on motion,

"*Resolved*, That the name of John Taylor, a homœopathic practitioner, be expunged from the records of this Society, and that he no longer be considered a member of the Society.

On motion, it was further

"*Resolved*, That the Secretary be instructed to inform Dr. Taylor of the preceding resolution, and also of the resolution offered at the last annual meeting, and that copies of both these resolutions be transmitted to the Secretary of the Medical Society of the City and County of New York."

The President, Dr. Armstrong, ably addressed the Society on the great importance of a thorough medical education, &c.

The following persons were elected officers of the Society for the present year:—Davis Carpenter, of Brockport, President; W. W. Reid, of Rochester, Vice President; P. G. Tobey, of Rochester, Treasurer; H. F. Montgomery, of Rochester, Secretary; W. W. Ely of Rochester, H. W. Dean of Rochester, J. E. Camp of Pittsford, E. W. Armstrong of Rochester, P. McNaughton of Scottsville, A. B. Carpenter of Greece, Isaac Lovejoy of Riga, Censors.

Drs. Edson and Reid were appointed dissertators for the next annual meeting, and Drs. Long, Dean and Socrates Smith for the next semi-annual meeting.

Manual of Orthopædic Surgery.—On account of the great medical gathering in Boston last week, it would have been gratifying to have spoken particularly of this work, which has, since our last, been published; but it being true that merit has its reward, whether an effort is made or not, this book is one that will soon command attention. The department of surgery embraced by Dr. Bigelow in this treatise, is an exceedingly important one, and the many operations in it which have been performed, have not yet ceased to be surprising. The free manner of cutting up the cordage of the living human body, which is now practised here and there and everywhere, is well calculated to astonish those who have been lubricating ridged tendons all their professional days to no purpose. Without circumlocution, we must say, in the fewest words, that this manual is an excellent thing; indeed, no late publication has impressed us more favorably than this. Neither its beautiful typography, neat binding, nor reasonable price, although worth mentioning, have had any influence in bringing us to this conclusion. Further and more definite remarks are excluded to-day by a press of other matter.

Transactions of the Philadelphia College of Physicians.—A summary, just published, embracing the transactions of this institution from November last to April, is a publication of much interest. One of the most certain methods of exciting emulation, and extending the usefulness of an association, is to make it known by giving the public a synopsis, at least, of its labors. Dr. Parrish's paper on Surgery (partly copied in to-day's Journal), Dr. Condie's on Remittent Fever, Dr. Ashmead's history of a case of luxation, which were read at the November meeting, are instructive, and do credit to the authors. At the February session, Dr. Moore presented the annual report on Meteorology and Epidemics, which exhibits much attention to the minutest circumstances in the temperature of the atmosphere. But very few men have the patience—perhaps a better word would be the *ability*—to detect these nice shades, so essential to a true analysis. The best recommendation we have it in our power to bestow, to exhibit our confidence in these transactions, is to transfer articles occasionally to the pages of the Journal.

Success of Nostrums.—A popular "*patent*" medicine has often proved singularly successful. A letter from New York, published in the *Charles-ton Courier*, cites various examples in point:

Brandreth, with his pills, has risen from a poor man to be a man of extensive fortune. He has now at Sing Sing a three-story factory for grinding his medicines. Aloes are carried into it by the ton, and whole car-goes of the pills are despatched to every part of the Union, and down every body's throat. He has expended 35,000 dollars in a single year for advertising. Comstock began with nothing, but by crowding his patent medicines, has been able to purchase one of the first houses in Union place, and gives magnificent soirees, suppers, &c. Moffat, adding bitters to pills, has run up a handsome fortune of nearly \$300,000. Sherman, taking the lozenge line, has emerged from his little shop in Nassau street, into a buyer of lots and houses by the wholesale. I need not mention Swaim of Philadelphia, who, by pouring his panacea into people's stomachs, can afford to buy a single pearl head-band for his daughter worth \$20,000

—to prove that we are a pill-eating and bitter-drinking people. Your literary man will starve in his garret, while your pill-maker will emerge from his garret into a palace.

Removal of a Piece of Lead from the Bladder.—A gentleman of this State, 40 years of age, applied to Dr. McDowell, stating that nine weeks previous, he had introduced into his bladder a piece of lead, about three inches in length and one-fourth of an inch in thickness. He had been afflicted for a long time with *dysury*, and had found that by introducing some substance, and immediately withdrawing it, the pain was alleviated, and he could urinate without difficulty. He accordingly prepared a piece of lead for that purpose; in using which, it had slipped from his fingers, and passed into the bladder, causing all the difficulties and symptoms which would arise from the presence of calculus. An operation, as for stone, was decided upon, and performed; and upon removing the lead, it was found to be encrusted with a calcareous deposit, making it three-fourths of an inch in diameter. The gorget used in this operation was the common one of Physick, with an improvement, the invention of Dr. McDowell.—*Missouri Medical Journal*.

Bureau of Medicine and Surgery, May 21.—The Naval Medical Board of Examiners, which convened at Philadelphia May 1st, for the examination of Assistant Surgeons for promotion, adjourned on Friday last. The following candidates were examined and found qualified for promotion:—Dr. Charles J. Bates, of the date of March, 1838; Dr. James McCulland, of the date of March, 1838; Dr. J. F. Conner Barlay, of the date of October, 1839; Dr. Wm. A. Nelson, of the date of October, 1839.

Medical Miscellany.—Passed Assistant Surgeon J. J. Brownlee has permission to return from the coast of Brazil. Passed Assistant Surgeon James McClelland, ordered to fill his place.—*Chloronapthalohypsulphuric*, and *chloronapthalosohypsulphuric*, are the scientific names proposed by Dr. Sinin for two acids, formed by sulphuric with naphthaline and chlorine.—Dr. Louis Gayarre has been convicted of stealing a negro at Macon, Miss., and sentenced to the Penitentiary for ten years.—Dr Alfred T. King, of Greenburg, Penn., has discovered fossil footmarks of several non-descript animals on the sand-stone belonging to the coal-measures.—Henry Seeber, a native of the State of New York, died week before last at German Flats, at the great age of 104 years.

TO CORRESPONDENTS.—Dr. Ellsworth's paper on the *Modus Operandi* of Medicines has been received, but has not yet been examined.

MARRIED.—Dr. Stephen D. Sewall, of Somerville, Mass., to Miss H. W. Shepard.—Dr. Geo. H. Kingsbury, of Sunderland, Mass., to Miss C. A. Chase.

DIED.—Dr. John B. Petit, of Taylerville, Penn., killed by being thrown from his carriage, while on a professional visit.

Number of deaths in Boston, for the week ending May, 31, 42—Males, 25; Females, 17. Stillborn, 3. Of consumption, 15—bilious cholera, 1—accidental, 1—dropsy, 1—scarlet fever, 11—dropsy on the brain, 2—inflammation of the lungs, 1—teething, 1—hemorrhage, 1—suicide, 1—child-bed, 1—hooping cough, 1—tumor, 1—infantile, 1—croup, 1—lung fever, 1—old age, 1.

Under 5 years, 16—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 2.

Dr. Mercier's Treatment of Ulcers.—An immense number of chronic ulcers are admitted into the Hospital, and quite a variety may generally be seen in the surgical wards. The subjects, for the most part, belong to the poor class of Irish laborers, whose habits are bad, who are very much exposed to the inclemencies of the weather, and who are proverbial for their disregard of all the dictates of prudence. Their constitutions are generally very much injured by intemperance, and it is almost impossible to establish the healing process when any injury is inflicted upon their shins, for this is the most common seat of ulceration. Dr. Mercier has found the following plan of treatment to succeed better than any other:—He gives iodid. potass., 3ss., and iodine gr. i., dissolved in decoc. sars., 3vi. daily. When suppuration is copious, he has the sore washed clean with the chloride of soda, and dresses it with lint wet with vin. aromat.—When the discharge is moderated and granulations spring up, he covers the sore with narrow strips of adhesive plaster; with the triple view to counter-irritation, compression and exclusion of the air.—*New Orleans Medical Journal.*

Requisites for a Good Oculist.—An old adage affirms, that to be a good surgeon, it is necessary to possess the eye of an eagle, the hand of a lady, and the heart of a lion. In ophthalmic surgery, perhaps, we may not need the latter; our operations are often bloodless, and many of them cause little pain; but to no man more than the oculist are the first two absolutely necessary. Without delicacy of touch, and dexterity of manipulation, no man, no matter what may be his knowledge, or his other acquirements, should operate upon the human eye. Regarding the first, it is unnecessary to tell you, that clear, distinct, and accurate vision, such as man possesses when his organs of sight are in perfection, is indispensable to all who operate upon the human eye. But this is not all; it is of the highest importance that the oculist be also a good practical surgeon, and a well-educated physician; and to these let me add, steadiness of purpose, unwearying patience, honesty and courage. Though I cannot dwell long, yet I cannot dwell too forcibly, upon the necessity of an acquaintance with medicine, in order to treat ophthalmic diseases with effect. Of late years, and in Great Britain in particular, we have acquired a habit of treating the human eye as if it did not form a part of the human body—as if this delicate and beautiful portion of our frame was some bottled preparation to be chemically altered during disease, by the many nostrums poured over it. In your anatomical and your surgical lectures, you have all heard of the absolute necessity of your being acquainted with anatomy for the successful cultivation of either medicine or surgery. All that could have been offered with effect upon that subject becomes doubly applicable here. How many treat a pneumonia, diagnose an inflammation of the brain, or even remove a limb, without any very accurate knowledge of the anatomy of these parts; but you cannot diagnose or treat the diseases of the eye, or perform any of the operations upon it, without being perfectly well acquainted with the relative anatomy of each individual part; its structure, the peculiarity of its vascularity, the organization of its texture, its nervous endowment, functions, and degree of vitality, and sympathetic or actual connection with other organs either proximate or remote.—*R. W. Wilde's Introductory, Dublin.*